Name in Full: Mary E. Adams

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: McDaniel; County: Talbot

Date of death: Month: 12; Day: 16; 1904

Age: Years: 15; Months: 3; Days: 22

Sex: Female; Color or Race: Colored; Birthplace: McDaniel

Occupation: None; Where Residing if not at place of death: McDaniel

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Chas. Francis Adams; Father's Birthplace: McDaniel Md

Mother's Maiden Name: Caroline F. Brown; Mother's Birthplace: McDaniel Md.

Name of person giving Information: Chas. F. Adams; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rickets 29; How long: 10 yrs

Immediate: Organic Heart Disease; How long: one year

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A B Glascock

Address: St. Michaels Md.

Accident or Suicide? —

LIBRARY BUREAU A5881G

Name in Full: Maud F. Banks

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Oxford — County: Talbot

Date of death 1904 — Month: Dec. — Day: 13

Age — Years: 2 — Months: 8 — Days: 12

Sex: Female — Color or Race: Black — Birthplace: Oxford Md.

Married, Single or Widowed: Single — Occupation: None

Name of Wife or Husband: —

Father's Name: Samuel Banks — Father's Birthplace: Oxford Md

Mother's Maiden Name: Annie Banks. — Mother's Birthplace: Oxford Md

Name of person giving information: Annie Banks. — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 15 days

Immediate: Pneumonia — How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Accident or Suicide? No

Signeture of Physicien: J. H. Stevens M.D.

Address: Oxford

LIBRARY BUREAU A88518

Name in Full: Jacob Brooks.

CERTIFICATE OF DEATH

MARYLAND

Died: Town: Trappe; County: Talbot

Date of death: Month: 12; Day: 11; 1904

Age: Years: 58; Months: —; Days: —

Sex: Male; Color or Race: Negro; Birthplace: Talbot Co. Md

Occupation: Laborer; Where Residing if not at place of death: —

Married, Single or Widowed: Married. Name of Wife ~~Husband~~: Mary Sullivan

Father's Name: Chas Gray. Father's Birthplace:

Mother's Maiden Name: Henrietta Brooks. Mother's Birthplace:

Name of person giving Information: Son-in law (William Pinnell) How related if deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Regurgitation. How long: 9 months

Immediate: Oedema. How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Joseph A Ross M D

Address: Trappe, Talbot Co, Md

Accident or Suicide?

LIBRARY BUREAU A59516

Name in Full: Mrs. Mary Hepburn Canfield

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Easton; County: Talbot

Date of death: Month: Dec; Day: 26th; Year: 1904

Age: Years: 78; Months: —; Days: —

Sex: Female

Color or Race: White

Birthplace: Williamsport Pa

Occupation:

Where Residing if not at place of death: —

~~Married, Single~~ or Widowed: Widow

Name of Wife or Husband: David B. Canfield

Father's Name: James Armstrong

Father's Birthplace: Milton Pa

Mother's Maiden Name: Mary Hepburn

Mother's Birthplace: Carlisle Pa

Name of person giving Information: H. N. Hayden

How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Fall Stairs

How long: 8 weeks

Immediate: Exhaustion

How long: an hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Julius A. Johnson

Address: Easton Md

~~Accident or Suicide~~?

LIBRARY BUREAU A8881Q

Name in Full

Certificate of Death

Mary M Clare

Died at Town: Easton County: Talbot MARYLAND

Date 19 04 Month: 12 Day: 22 | Age Y.: 75 M.: 12 D.: 9 | Native of: Md. | Occupation: Housewife

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living: 3

~~Husband~~ Wife of

Father's Name: Isaac Smith

Mother's Maiden Name: Harrison Clare

Cause of Death — Primary: Septicaemia — How long sick: 20

Immediate: Exhaustion — Accident, Suicide, Homicide

Reported by: A Dulleon M.D.

Address: Easton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7988

Name in Full

Certificate of Death

Ella Cook

Died at Town Easton County Talbot MARYLAND

Date 1904 Month Dec. Day 19 | Age Y. 25 M. 8 D. 4 | Native of Maryland | Occupation House Wife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 2

~~Husband~~ Wife of Orlie Cook

Father's Name Richard Fraker Mother's Maiden Name Matilda Durant

Cause of Death: Primary attempted Criminal abortion acute Peritonitis

Immediate Exhaustion

How long sick 1 Wk.

~~Accident, Suicide, Homicide~~

Reported by Chas. H. Davidson, Easton, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

(over)

LIBRARY EDITION 73509

Was first called to see Mrs
Cook Monday Dec 12th 04 -
found her with acute
blood poisoning & got the
History from her that on
the Wednesday before, she
being 4 days over her
Monthly periods, she had
run a rusty painted
pen handle up in
her womb the Saturday
following this she had had
a violent chill - the whole
Peritoneum was involved
& I thought - nothing
could be done to save
her life

Chas. F. Davidson M.D.

Name in Full: Helen Rabe Engle

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Mattawoman — County: Talbot

Date of death: Month: 12th. Day: 23rd 1904 — Age: Years: — Months: — Days: 7

Sex: Female — Color or Race: White — Birthplace: Talbot Co. Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Rd. Engle — Father's Birthplace: Talbot Co. Md

Mother's Maiden Name: Effie J. Secrist — Mother's Birthplace: Bellaire Co. Kansas

Name of person giving Information: Caleb Secrist — How related to deceased: Grandfather

CAUSES OF DEATH

Primary: Congenital Heart - Disease — How long: Since Birth

Immediate: Exhaustion — How long: hours or less

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: Julius A. Johnson

Address: Easton Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: James Chambers Hardin

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Easton; County: Talbot

Date of death	Month	Day	Years	Months	Days
1904	Dec	16th	Age 73	11	8

Sex: Male	Color or Race: white	Birthplace: Md	
Occupation: Dentist	Where Residing if not at place of death: X		
Married, Single or Widowed: Widowed	Name of Wife or Husband: Charlotte ann Rhodes		
Father's Name: Chambers Hardin		Father's Birthplace: X	
Mother's Maiden Name: Sarah Shehan		Mother's Birthplace: Md	
Name of person giving In formation: Chas. H. Hardin		How related to deceased: Brother	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: old age		How long
Immediate: Central hemorrhage		How long: one hour
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician: E. R. Tippe	
	Address: Easton Md	
~~Accident or~~ Suicide?		

LIBRARY BUREAU A66816

Name in Full

Certificate of Death

Ida Myrtle Harrison

Died at Town Fairbanks, County Talbott MARYLAND

Date 19 04 Month 12 Day 8 | Age Y. 4 M. 8 D. 14 | Native of Md | Occupation —

~~Male~~ Female | White ~~Colored~~ | Married Single | Widow ~~Widower~~ | Divorced ~~Number of children living~~

Husband of
Wife

Father's Name Leavin F. Harrison | Mother's Maiden Name Ida May Mason

Cause of Death: Primary Laryngeal Diphtheria | How long sick 24 hrs

Immediate Heart failure | ~~Accident, Suicide,~~ Homicide

Reported by S. K. Wilson

Address Tilghman Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Certificate of Death

Traylor Madison Harrison

Died at Town: Tilghman, County: Talbot — MARYLAND

Date (No.) 1907. Month: 12 Day: 25 | Age Y. 3 M. 4 D. 10 | Native of Tilghman | Occupation ———

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of ———

Father's Name Jas. M. Harrison | Mother's Name Emily R. White

Cause of Death — Primary: Ulcerated Bronchitis | How long sick: 14 days

Immediate: Congestion of Lungs | ~~Accident Suicide Homicide~~

Reported by W. W. Chaires, M.D.

Address Tilghman, Md.

Must be signed by physician if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full: Geo W. Haskins

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: St michaels — County: Talbot

Date of death: Month: 12 — Day: 19 — 1904

Age: Years: 60 — Months: — — Days: —

Sex: male — Color or Race: Colored — Birthplace: St. Michaels Md

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife or Husband: Mary. E. Haskins

Father's Name: Perry Haskins — Father's Birthplace: St Michaels Md

Mother's Maiden Name: Can not ascertain — Mother's Birthplace: Can not ascertain

Name of person giving Information: Mary. E. Haskins — How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastric Ulcer — How long: One year likely

Immediate: Asthenia — How long: 2 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. B. Glascock

Address: St. Michaels Md

Accident or Suicide? —

LIBRARY BUREAU A88016

Name In Full

Certificate of Death

Sarah Marie Horsey

Died at Town: Lilyman County: Talbott • Md MARYLAND

Date 19 14 Month: Dec. Day: 26 | Age Y. 2 M. - D. 17 | Native of Md | Occupation —

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name Benjamin Horsey | Mother's Maiden Name Gertie Jones

Cause of Death { Primary 95 | How long sick Several days
Immediate Congestion of Lungs | ~~Accident, Suicide, Homicide~~

Reported by Dr. S. K. Wilson

Address Lilyman Md

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70828

Name in Full: Charles Henry Hughes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Easton; County: Talbot

Date of death: Month: Dec; Day: 29; 1904; Thursday

Age: Years: 52; Months: 10; Days: 6

Sex: Male

Color or Race: White

Birthplace: Easton Md

Occupation: Banker

Where Residing if not at place of death: Easton Maryland

Married, Single or Widowed: Married

Name of Wife or Husband: Nettie Boyd Hughes

Father's Name: Jesse Hughes

Father's Birthplace: Virginia

Mother's Maiden Name: Deaguan Loocell

Mother's Birthplace: Talbot County

Name of person giving Information: A A Hughes

How related to deceased: Brother

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro Intestinal Catarrh — How long: Two Years

Immediate: Remittent Fever — How long: 6 Weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. M. H. Bateman

Address: Easton Talbot Co Maryland

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: James H. Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Municle County: Talbot

Date of death: Month: Dec Day: 15th 1904

Age: Years: 57 Months: — Days: —

Sex: Male Color or Race: Colored Birthplace: Talbot Co Md

Occupation: Laborer Where Residing if not at place of death: —

Married, Single or Widowed: Married Name of Wife or Husband: Anna Maria Johnson

Father's Name: Jas. Johnson Father's Birthplace: Talbot Co Md

Mother's Maiden Name: Margaret Copper Mother's Birthplace: Talbot Co Md

Name of person giving Information: John Johnson How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rheumatism & Bright's Disease also valvular disease of heart How long: Several Years

Immediate: Heart-failure How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Julius A Johnson

Address: Easton Md

Accident or Suicide?

LIBRARY BUREAU A88818

Jennerville 17

Name in Full

Certificate of Death

Margaret Johnson

Died at Town: Easton County: Talbot MARYLAND

Date 19 04 Month: 12 Day: 26 | Age Y. 70 M. 10 D. 10 | Native of Md | Occupation Cook

~~Male~~ Female | ~~White~~ Colored | ~~Single~~ Married | Widow | ~~Widower~~ ~~Divorced~~ | Number of children living 2

~~Husband~~ Wife of James Johnson

Father's Name | Mother's Maiden Name

Cause of Death: Primary — Tuberculosis — How long sick 6 mos.

Immediate — Strangulation — Accident, Suicide, Homicide

Reported by A Wheelgone

Address Easton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 76455

Name in Full: Annie M. Kirk

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Easton — County: Talbot

Date of death: Month: Dec — Day: 14th — 1904

Age: Years: 64 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Talbot Co Md

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of ~~Wife or~~ Husband: Geo. W. Kirk

Father's Name: John Hinterbottom — Father's Birthplace: Dorchester Co Md

Mother's Maiden Name: Annie Brown — Mother's Birthplace: —

Name of person giving Information: Geo W. Kirk — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Breast — Exhaustion — How long: 1 Yrs

Immediate: How long: 24 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Julius A. Johnson

Address: Easton Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88816

Name in Full: Rachael M. Lowe

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: McDaniel — County: Talbot

Date of death 1904 — Month: 12 — Day: 17 — Age — Years: 83 — Months: 5 — Days: 3

Sex: Female — Color or Race: White — Birthplace: St Michaels

Occupation: Housewife — Where Residing if not at place of death: McDaniel

Married, Single or Widowed: Widow — Name of Wife or Husband: James W. Lowe

Father's Name: William Skinner — Father's Birthplace: St. Michaels

Mother's Maiden Name: Rachael Kemp — Mother's Birthplace: McDaniel

Name of person giving information: Joseph G. Skinner — How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Nephritis — How long: 4 yrs

Immediate: Valvular Heart Disease — How long: One year

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. B. Glascock

Address: St. Michaels Md

Accident or Suicide? —

LIBRARY BUREAU A66616

Name In Full

Certificate of Death

Lillian Beatrice Phillips

Died at Windy Price Town County Talbot MARYLAND

Date 1904 Dec. 2 | Age Y. 2 M. 4 D. 23 | Native of Md | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of

Wife

Father's Name George Phillips Mother's Maiden Name Ada Frazier

Cause of Death: Primary Bronchio-pneumonia — How long sick 4 weeks

Immediate Exhaustion 92 — ~~Accident, Suicide, Homicide~~

Reported by Wm S. Seymour

Address Trappe Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Mrs. Lucie C. Stevens Ramsay

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oxford. County: Talbot

Date of death 1904: Month: Dec. Day: 17.

Age: Years: 64. Months: Days:

Sex: Female. Color or Race: White. Birthplace: Rochester N.Y.

Married, Single or Widowed: Widow. Occupation: No occupation.

Name of Wife or Husband: Widow

Father's Name: Hon. Hiram L. Stevens. Father's Birthplace: Not American Known

Mother's Maiden Name: Charlotte Sedgewick Mother's Birthplace: Not U.S. Known

Name of person giving information: Mrs. Kate Billings. How related to deceased: Sister.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia. How long: 5 days

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Stevens

Address: Oxford. Md.

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Lavenia Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Oxford — County: Talbot

Date of death: Month: Dec. — Day: 3 — 1904

Age: Years: 31. — Months: Dec. — Days: 3

Sex: Female

Color or Race: Colored

Birthplace: Talbot-co. Md.

Occupation: Housekeeper

Where Residing if not at place of death: Oxford

Married, Single or Widowed: Married

Name of Wife or Husband: William Smith

Father's Name: James Mills

Father's Birthplace: Talbot-co Md

Mother's Maiden Name: Georgana Jenkins

Mother's Birthplace: Talbot-co Md

Name of person giving Imformation: Georganna Mills

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: Do not know

Immediate: Do not know — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Stevens

Address: Oxford Md.

Accident or Suicide? No

LIBRARY BUREAU A89618

Name in Full: Louise Sullivan

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Oxford — County: Talbot

Date of death 190 4 — Month: Dec — Day: 26 — Years: 2 — Months: 4 — Days: 26

Sex: Female — Color or Race: White — Birthplace: Oxford

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Ira Sullivan — Father's Birthplace: Oxford

Mother's Maiden Name: Myda Hatford — Mother's Birthplace: Oxford

Name of person giving Imformation: Ira Sullivan — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Influenza — How long: One week

Immediate: Bronchitis — How long: Three days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. A. Stevens, M. D.

Address: Oxford.

Accident or Suicide? No

LIBRARY BUREAU A88316

Name in Full: Eliza Ann Price.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Princeville. County: Talbot

Date of death: Month: 1904 Day: 17 Years: 21 Age: 90 Months: Days:

Sex: Female Color or Race: White Birthplace: Somerset Co. Md

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Widow Name of Wife or Husband:

Father's Name: John Nelson Father's Birthplace: Don't Know

Mother's Maiden Name: Rachel Mother's Birthplace:

Name of person giving Information: Mrs Susan Collins How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia How long: 5 days

Immediate: Exhaustion How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Joseph A Ross M D

Address: Tuppe, Md

Accident or Suicide:

LIBRARY BUREAU A66818

Name in Full: William O'Sullivan Wimpfel

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died — Town: near Royal Oak Md — County: Talbot

Date of death 1904 — Month: Dec — Day: 7 — Years: Age 56 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: New Jersey

Married, ~~Single~~ or Widowed: Married — Occupation: Gentleman

Name of Wife or Husband: Maria P. Wimpfel nee Trimble

Father's Name: H. P. Wimpfel — Father's Birthplace: France

Mother's Maiden Name — Mother's Birthplace

Name of person giving In formation: Maria P. Wimpfel — How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Angina Pectoris — How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Samuel C Tripper

Address: Royal Oak Md

Accident or Suicide? —

LIBRARY BUREAU A80516